

Last

Number/Street/Apt. No.

Address:

First

TOWN OF FISHKILL WATER/SEWER DEPARTMENT 807 ROUTE 52 FISHKILL, NY 12524 845-831-7800 ext. 3314 845-831-6040 (Fax)

* * PLEASE COMPLETE, SIGN & RETURN to:

mboyle@fishkill-ny.gov

178		845-831-7800 ext. 3314 845-831-6040 (Fax)	Account No.				
			OWNER CHANGE FOR	М			
Service Address				Clos	ing ctive Date		
,				, as owner of the ab	ove listed property request the follow	ving:	
		Purchased property. Open account in my	name (Complete Section A)				
		Send bill to my Agent (Owner must comp	plete Section B)				
		Change mailing address. (Complete Sec	tion A)				
NOTI		wn Code provides that water and sewer c unpaid charges not paid by the prior ow		ovember 1st of each ye			
Owner Signature				Date			
		Section	n A: NEW OWNER INFORM	IATION			
Name:				Email:			
	Last	First	MI	_			
				Ph:	Cell:		
	Last	First	MI				
Address:	Number/S	Street/Apt. No.	City	State	Zip		
		·			·		
		Section B:	AGENT/PROPERTY MANA	AGEMENT/POA			
Name:				Ph:	Email:		

MI

City

State

Zip